

Lead Project Notification 2004 Revision	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826	FORM L Page 1 of 2
Important Notice: The notification submitter must submit a complete written notification to the Department at least 5 working days prior to the start of the abatement project, including set-up or on-site preparation activities. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.		
1. Project Code _____ (Assigned by notification submitter)	2. Type of Notification <input type="checkbox"/> Initial (Original) <input type="checkbox"/> Courtesy (Z) <input type="checkbox"/> Lead Smart Renovation (R)	3. Containment Level (Check all that apply) <input type="checkbox"/> Level 1 (1) <input type="checkbox"/> Exterior Work Area Preparations (3) <input type="checkbox"/> Level 2 (2) <input type="checkbox"/> Window Preparation Levels (4)
4. Lead Abatement Contractor Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____		5. Facility Owner Name _____ Mailing Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____
6. Facility Location (Where abatement is to take place) BLDG Name _____ Floor and/or Rm.# _____ Physical Address _____ City _____ State _____ Zip _____		7. Facility Description Present Use _____ Prior Use _____ BLDG Size _____ No. Floors _____ BLDG Age _____
8. Scheduled Dates for Lead Abatement Project Project Start Date _____ Project Completion Date _____		9. Project Work Days Weekdays (Check all that apply) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun
10. Project Work Hours _____AM to _____PM (Show actual hours)		
11. Operation (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Interior Paint Removal (B) <input type="checkbox"/> Exterior Paint Removal (C) <input type="checkbox"/> Interior Window Removal (F) <input type="checkbox"/> Exterior Window Removal (G) </div> <div> <input type="checkbox"/> Encapsulation (J) <input type="checkbox"/> Enclosure (K) <input type="checkbox"/> Component Removal (H) <input type="checkbox"/> Carpet Abatement (Q) </div> <div> <input type="checkbox"/> Water (P) <input type="checkbox"/> Soil (S) </div> </div>		
12. Lead Project Type (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DHS Ordered (A) <input type="checkbox"/> MSHA Grant (B) <input type="checkbox"/> Other HUD (G) <input type="checkbox"/> Daycare (D) <input type="checkbox"/> Private Residence (E) </div> <div> <input type="checkbox"/> Rental (F) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Public (H) <input type="checkbox"/> Steel Structure (J) </div> </div>		ME DEP USE ONLY <input type="checkbox"/> Mailed <input type="checkbox"/> FAX <input type="checkbox"/> Hand Delivered Date Received _____

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Project Code _____ (As listed on page 1)	13. Occupant Location <input type="checkbox"/> Inside building but outside work area <input type="checkbox"/> Outside building but returning at day's end <input type="checkbox"/> Outside building until all work is completed (relocated)	14. Design Consultant (complete as applicable) Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____
15. Lead Inspection (ME licensed Lead Inspector) Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____		16. Project Clearance Visual assessment by: (Lead Inspector) _____ Dust Testing by: (Lead Inspector) _____
17. Waste Transporter Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____		18. Disposal Site Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____
19. Important Notice to Lead Abatement Contractors Concerning this Notification <ul style="list-style-type: none"> A weekly updated schedule for each lead abatement project shall be faxed to the Department each Monday morning until the lead abatement project is complete. Lead Abatement Contractors are expected to be on-site for all work days for the dates set forth in this notification. The contractor must notify the Department no later than 24 hours prior to any change in schedule. Whenever there is a lapse in abatement activity at a project site of more than 10 days, a new project notification must be submitted to the Department. A single project notification may be submitted for multi-unit projects provided there is not a lapse of abatement activity of more than 10 days between units and the Department is sent a weekly work schedule. 		
20. Certification (Notification Submitted by) I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the lead abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 424, Lead Management Regulations. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature </div> <div style="width: 45%;"> _____ Print Name </div> </div> <div style="margin-top: 10px;"> Date _____ </div> <div style="margin-top: 10px;"> Mailing Address _____ City _____ State _____ Zip _____ TEL _____ FAX _____ </div>		